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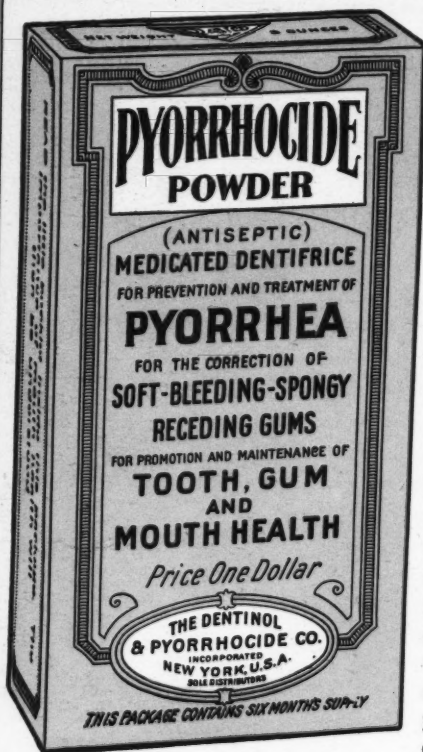
OCTOBER ~ *A Journal for Dentists* ~ 1924



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FOUNDED 1911

OCTOBER, 1924

VOL. XIV, No. 10

Let's Make This the Year of the Big Vote

WE Americans believe in majority rule.
We're not practicing it.

Our forefathers placed in our hands a mighty weapon to make majority rule effective. *We're not using it.*

That weapon is the ballot. What are we doing with it?

In each national election since 1896 the proportion of voters has dwindled. In 1896, 80 per cent of those qualified to vote did vote; in 1900, 73 per cent; in 1908, 66 per cent; in 1912, 62 per cent; in 1920, less than 50 per cent. Four years ago 54,421,832 Americans could have voted, but only 26,786,753 did so.

Such is the descending curve of American democracy. Unscrupulous politicians get what *they* want by herding their masses of unthinking voters to the polls. Isn't it time more thinking voters were heard from?

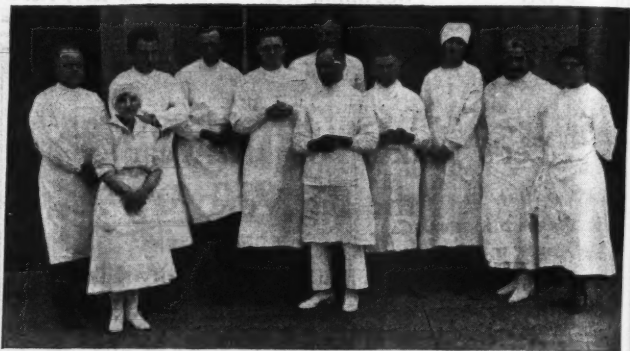
Register! Vote! Instead of being a parlor patriot, a rocking-chair Paul Revere, let each American prove his right to citizenship.

Let's make 1924 the Year of the Big Vote.

—Reprinted from *Collier's*, *The National Weekly*.

The Salvation Army

By HARRY C. PHIBBS



Dr. Dodge, members of the staff, and visiting dentists, at the Salvation Army Dental Clinic, Chicago. Reading from left to right: Ensign H. M. Rhoda, Miss L. S. Schoenheit, Dr. Geo. W. Runyon, Dr. J. F. Christiansen, Dr. J. H. Richardson, Mr. D. G. McCurdy, Dr. Chas. H. Dodge, Dr. E. I. Herzberg, Mrs. J. Baggesen, Mrs. Ensign Rhoda, Mrs. Carpenter.

WELL known to fame is the Salvation Army lassie, in her blue bonnet, singing hymns and beating a big drum, around the slum curbstones. The doughnuts which the Salvation Army fed to doughboys have passed into history. Many a down-and-outter found the only hand that would help him from the gutter was the hand extended by this same Army.

It was started years ago in the slums of London by white-whiskered General Booth and is spreading all over the world—doing good in its own way for those who dropped outside the

pale of the regular community.

In these piping times of peace, we could expect the Army to look for some new and useful field of activity. They have started a free dental clinic. It is located in Chicago, and of course, being a Salvation Army building, it is located in a shabby, crowded street in a poor quarter. The plain brick walls of this building rear themselves among the smoke-stained purlieus of a street where only children are bounteous.

Upstairs there is a day nursery, and downstairs there is a meeting hall and the dental clinic.

The meeting hall is no dif-

rm Goes in for Dentistry

PHIB
icago, Illinois

ferent ffrom any other Salvation Army hall—plain, common-sense, and strictly utilitarian, the only spots of color in the otherwise drab aspect being the Salvation Army flag, the big drum, and the picture of Evangeline Booth, which adorn the platform.

The reception hall is crowded with the type of people one would expect to find in such a clinic—all the poor types and all the race strains being represented, children predominating.

Two white-coated people are registering names on cards—a man and a woman, a fatherly man and a motherly woman. The man tells me that practically the only questions they ask are, "What is your name?" and "What can we do for you?"

When you pass out of the reception hall and into the clinic



In the reception hall at the Salvation Army Dental Clinic.

proper, the whole atmosphere is metamorphosed — nothing drab or dusty here, but spotless white, brilliant illumination and gleaming apparatus. This, as the staff proudly points out to you, is not just a free dental clinic. It is one of the best dental clinics in town.

Doctor Chas. H. Dodge is the oral surgeon in charge. He is, by the way, Chief of the Illinois Post-Graduate Dental Clinic, and he gives two forenoons a week, free of charge, to this Salvation Army Settlement.

Doctor Dodge is not only an interested man—he is an interesting man. He is very much interested in this Salvation Army work and the good that it is doing, and it is interesting to hear him tell it. It took quite some persuasion from me to get him out of his operating room and sit down with me for a few minutes under the shadow of the big drum. I explained to him that the members of the profession at large would be interested in knowing through the pages of ORAL HYGIENE what was being done by the Salvation Army since it had inaugurated its dental activities.

"Well, you see for yourself," said he. "We have here a splendidly equipped, smooth-working dental clinic, with the most modern apparatus possible, placed at the service of people who otherwise could not afford dentistry, for everything here is free of charge. We give these people the very best oral surgery that we know, and by this means

have been able to help put them on their feet.

"Take that little woman over there—" and he points to a pleasant-faced little body who is comforting a wee lad of eight.

"A couple of months ago she came in here pale-faced, emaciated, cachectic. One side of her face looked badly swollen, and upon clinical and x-ray examination we found a multilocular cyst the size of an orange embodying almost one-half the mandible. Osseous septa were formed in the body of the mandible. However, a daughter cyst had produced a pathological fracture of the ascending ramus. Only a few very small fragments remained unabsorbed.

"Fortunately for this poor woman, there were enough opposing teeth remaining on the opposite side to enable us to adequately wire the jaws together. By packing this case regularly, we hope to see this woman's jaw healed in from fifteen to twenty-four months—at which time Doctor Walker will replace the lost teeth with suitable plate or bridgework.

"Now, having learned the advantage of getting dental treatment early, she has her little lad over there, and Doctor Walker is going to put a filling in one of his teeth this morning."

He calls to the woman, "Mrs. R—, come over here a moment."

Smiling, the woman advances, the boy following her.

"How is Harry this morning?" asks Doctor Dodge.

"Oh, he's just a little bit



One of the well-equipped rooms.

afraid, but I tell him the doctors won't hurt him."

"Here, Harry, let me look at your mouth."

This smiling, good-natured dentist has a way of capturing the lad's affection.

"What are you going to be when you grow up?"

"A ball-player," replies the little lad, forgetting his fear of the dentist in his enthusiasm for the diamond.

"Well, do you play now?"

"Yes," replies the boy, "I am pitcher for the team we have on the next block."

"Sure," replies the Doctor, "I saw you pitching ball out in the playground there last week, didn't I? Well, Harry, if you want to be a good ball-player, you have to be a strong, husky guy, and if you want to be a

strong, husky guy, we'll have to fix your teeth for you.

"How would you like to go up to camp for a couple of weeks?"

"Gee! That would be fine," replies the boy.

"Oh, Doctor! Do you think you could send him up?" exclaims the mother.

"Sure," replies Doctor Dodge.

"I think he needs it.—Say, Ensign, what about Harry here? He looks kind of peaked. Don't you think a little time up at Camp Lake would do him good?"

The fatherly ensign trots over, and Harry is promptly registered for a free trip to the Salvation Army children's camp.

Doctor Dodge now explains:

"About seventy-five per cent of the patients we have here are



The playground "waiting-room" for kiddies.

youngsters. The poor little kids, their only playground is the street, and they do like to get out in the woods—so when we think the case demands it we arrange to send them up to the Salvation Army camp, up at Camp Lake, Wisconsin. Four hundred and seventy-five children are being sent from this building up there this summer.

"Now, that's a great help to us, because when we clean up infection in the mouth of the youngster and then get him a couple of weeks away from smoke and carbon monoxide gas and dirt and dust, up in the nice clear air of the Wisconsin pine-woods, we put that kid right back on his feet, so he is able to go back to school in the fall a better, brighter student, with a better chance of becoming a bigger, healthier American citizen.

"The arrangement we have here is this: On Tuesday and Friday forenoons, we run a

clinic in oral surgery, in which I am assisted by Doctor Walker and Doctor John H. Richardson. It is a regular thing for from ten to twenty dentists to pay a visit to this clinic, and they not only come to observe the work of the clinic but on occasion lend a hand.

"We don't have to look for patients. They just crowd in here—every type, class, creed, age and condition. Many poor children are sent down to us by the Board of Education. They are youngsters of fifteen or sixteen, who want to get a certificate to work, but who need dental care before they can be given a certificate and whose parents cannot afford to pay a dentist.

"We are very glad, indeed, to help everyone who comes along, because we have so many evidences where this help has really been a godsend.

"Two months ago the Salva-

tion Army came across a man with a family of six children. He was a foreign-born citizen, and he had been taken sick—so sick that he was not able to do any work—and, of course, the family was destitute and called for help. The Salvation Army physician decided that a dental infection was the cause of the man's trouble, and he was sent in to us. The x-ray showed extensive areas of infection. In fact, the whole dental process was involved—so much so, that we had to extract seven teeth, excise pus pockets and install a rigid regimen of oral hygiene.

"The physician proved right in his diagnosis, for the removal of the dental focus of infection cleared up the systemic involvement, and the man was able to get back to work, and glad to do it. That took him off the charity list and made him a useful, productive citizen again.

"Now, in addition to the surgical clinic we hold on Tuesdays and Fridays, this settlement clinic is open every day in the week, when the work of registration goes on. Doctor Walker gives two hours every morning, treating patients where such treatment is called for, and the nurses give instruction in the care of the teeth.

"We are particularly partial to kids here, because we feel we are doing our best work when we catch them young. Remember, it is not a question only of saving the teeth, it is a question of saving the health. Our ideal is a clean, healthy mouth, where we have ruled out every possible source of focal infection. Our slogan is 'Save your health,' because every day we see the evil results of focal infection produced by pulpless teeth.

"We are able to take care of a lot of children here, as we



In the operating theatre.

have unusual facilities. In the first place, we have plenty of children. The streets outside swarm with them. It is hard to drive your car down here without running over them. There's a ball team on every block, and little toddlers crowd every curbstone. So what do we do? Here, we have a playground out in the back. Come out and let's look at it."

He proudly points outside the window to where a rather ordinary but large back yard has been converted into a playground, with swings, teeter-totters and other impedimenta that delight the youthful heart, and it is being taken advantage of by a crowd of noisy youngsters.

"You know," continued Doctor Dodge, "instead of keeping the child waiting, thinking of the fearsome ogre of a dentist that is going to creep out with a big pincers in his hand, we put them out there and let them play until we are ready for them, and while they are playing they forget all about their toothache. Then, when we are ready the nurse calls them in, and soon the cause of the toothache is gone."

"Doctor," I asked, "how is this work financed?"

"Everything here," he replied, "is paid for by the Salvation Army. We don't ask manufacturers of equipment to make donations. We buy our equipment as we need it, and the money the public subscribes to the Salvation Army drives helps to pay for this equipment.

"The dentists attending here do so absolutely free of charge, and the salary of the regular staff of Salvation Army employes is taken care of by the Salvation Army.

"No one is refused if they want help here, and no one is charged—and I might mention that people are very honest in coming to this clinic. We do not find any cases of people coming here who could really afford to pay a dentist for his services.

"Now, let's look around the clinic."

We passed through the rows of waiting patients, who all have a smile for Doctor Dodge, into the operating room.

"Here's where we operate," continued the Doctor, "and you can see that this is no makeshift but a real operating room, with the most modern equipment.

"We are partial to ethylene for our general anesthetic. In fact, I am rather enthusiastic about this ethylene-oxygen anesthesia. I am not going to give you a dissertation on it—that belongs some place else—but we have so many youngsters here who have to go under a general anesthetic on short notice and with little preparation, that we have made ethylene our standby."

It is a busy operating room. Six dentists are grouped about a little girl who lies on the operating table. They have a regular anesthetist in charge. He is Dr. D. G. McCurdy, who also donates his services to the clinic. Two nurses are busy with sterilizers and instrument trays.

As the patients come off the operating table, the kindly gentleman with the fatherly air takes them in hand and leads them into an adjoining rest-room, where they lie on cots and recuperate.

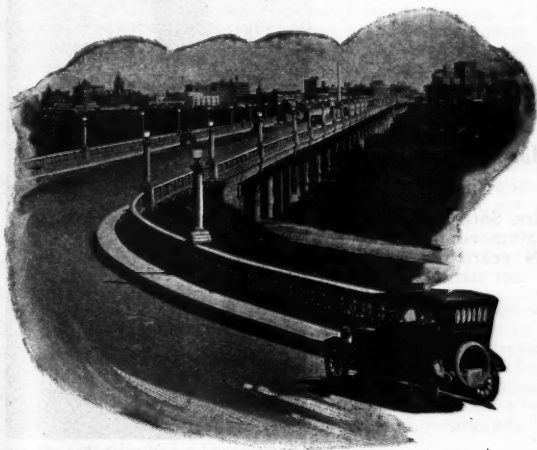
In addition to the operating room, there are three rooms equipped with chairs, and an x-ray room where an operator is busy making radiograms of the patients listed for diagnosis.

Doctor Dodge is proud of his equipment. It is the very best it is possible to buy, and he tells us, "Everything new that is of proven value is immediately installed here, because, as I said

before, our object is to give these poor people the benefit of the very best dental service that the profession affords.

"The work is gripping the attention of the profession. We have visitors at every clinic, not only from Chicago but from many distant sections of the country, and we are just delighted to have a dentist drop in and see what we are doing."

I went away from the Salvation Army dental clinic with renewed respect for the work of this organization and a hope that similar clinics would be installed in every center where the Salvation Army sees the necessity for this good work.



Dallas Oak Cliff Viaduct—a glimpse of the Convention city.



P. & A. Photos

The Smile of Victory

The perfect teeth of freckle-faced John Pfalzgraf won him the first prize of a hundred dollars in the contest of the New York United Neighborhood House. John with two others was picked from 40,000 children under fifteen.

Has Natural Teeth at 104

Mrs. Sarak Yasafsky of Baltimore Md. She is 104 years old and has her natural teeth.



P. & A. Photos

International Oral Hygiene

Translated and Briefed by C. W. BARTON, Fort Wayne, Ind.

South America

Dr. Ciro Durante Avellanal (Avenida de Mayo, 822, Buenos Aires, S. A.) is the president of Section V (hygiene, etc.) of the Second Latin-American Dental Congress, to be held in Buenos Aires from October 4th to 11th, 1924.

Colombia

In his thesis on oral hygiene, Alvaro Martinez Villegas, of the Dental College of Bogotá, recommends to the special care of the dentists the army and the police, in whose hands rest national defense and safety, and who by reason of their modest pay cannot afford private dental treatment. He exalts the noble service which the Bogotá Dental College has rendered liberally and generously to all during a period of 36 years; the Government, having been repeatedly approached for assistance, has not paid the slightest attention, for "with us all great work meets with indifference."—*El Dentista Colombiano*.

Brazil

In Campinas, Prof. Ondiana Villela, supported by the press and the dentists of S. Paulo, has asked the Municipal Council for a subsidy to create a dental service in the municipal school, while an identical service, made possible by the good will of the pupils of the Escola Normal do Braz, who formed a benevolent fund in 1921, has given dental help from 1921 to 1923 to 780 pupils of this, and 838 of another school.

Denmark

K. Bloch-Jorgensen gives in *Tandlaegebladet* some very interesting data about the school dental clinics in Denmark. The first to be opened, in 1909, was in Esbjerg, and was followed in 1920 by Frederiksberg. Today there are 13 school dental clinics to look after 43,000 children, of whom about 25,000, viz., 55 per cent, receive treatment. The worst two clinics can attend to 30 per cent, the best clinics to 96 per cent of the children. These dental clinics are able to provide from 0.27 to 2.08 fillings per child per year, while only two of them provide 3.86 and 3.38 fillings per child per annum, respectively. The author has found that from three to four fillings per child per annum is about the normal standard of efficiency of a school clinic.

Sweden

According to Hugo Hammerlund, Stockholm possesses 11 school dental clinics, with 19 dentists, in the public schools, which are attended by 33,000 children.

Italy

La Stomatologia brings the news of the creation of a dental department in the Hospital Regina Elena in Trieste. This is the first of its kind in Italy, and the profession rejoices at the dawn of a new era after years of propaganda.

Germany

Alfred Puppe, after painstaking

experiments on rabbits and guinea pigs, finds that tuberculosis infection may occur through penetration of even the healthy mucosa, with the primary result of infection of the regional glands. The author was able to demonstrate infection of the floor of the mouth after 36 hours.—*Zeitschrift fuer Stomatologie*, Vienna, Austria.

In Bonn (Rhine) dental service is carried out systematically in all the schools. The results have surpassed the expectations, and the system of the school dental clinic has proved to be more economical than any other means of dental service.

Poland

After a minute examination of the world's literature on oral sepsis, Dr. Heinrich Allerhand, of Lwów, comes to the conclusion that the frequent relations between systemic disease and oral sepsis have been proved beyond doubt. He points to the similarity of Mayo's statements, in 1922, which he considers an up-to-date summing up of the situation, with the findings of Kaczorowski in 1884, which he believes to be the earliest observations on the subject. The bibliography of this very valuable essay comprises 400 papers.—*Zeitschrift fuer Stomatologie*, Vienna, Austria.

Czecho-Slovakia

In October last the first school dental clinic in the Republic was opened in Troppau. Three private practitioners carry out the dental service as a side line, being paid by the hour. The funds are supplied by the town, with subsidies from community and state.

Bulgaria

The Bulgarian Dental Society has decided to publish a quarterly magazine, under the title of *Zdravi Zoubi* (Healthy Teeth), which will be entirely devoted to the popular-

izing of oral hygiene, and is meant to be kept in the dentist's waiting room. Ten copies of the first issue will be furnished to every dentist for distribution among his patients.

Zoubolekarski Pregled reprints the seven paragraphs referring to school dental hygiene in the resolutions of the International Congress of School Hygiene held in 1910. These paragraphs are circulated through the Bulgarian daily press as a sort of reminder, and also in order to awaken public interest in this matter.

Australia

Through the *Australian Dental Summary* we learn that at the annual reunion last year of the subscribers to the Northern Commercial Travelers' Cot Fund it was announced that £400 was to be raised for the purpose of providing a dental department and complete outfit for the Royal Alexandra Hospital for Children. In addition, £200 per annum would be allotted for two years in order to establish the department.

In his presidential address before the members of the Dental Association of New South Wales, outlining his program of work for the year in imparting dental knowledge to the lay public, H. Norman Taylor, D. D. S., lays particular stress on pre-natal care. The dentists, Taylor says, must be courageous, and it is only instruction to expectant mothers and others that will have an effect, instruction as to exercise, mode of living, cleanliness, care of her own mouth and teeth during pregnancy, and last, but not least, instruction as to diet. If the dentists and mothers do their part, Nature will not fail to do hers; therefore: "Instruct the future mothers of our race."

In an editorial in the February, 1924, issue of this journal, some of the data by Paul A. Wiebe published recently in *ORAL HYGIENE*, and others, are quoted to support the urgent plea for universal concentration on preventive dentistry.

Holland

In *Tijdschrift Voor Tandheelkunde* J. S. Bruske, comparing the extent of dental service rendered by three of the most important mutual benevolent funds of Amsterdam with that of a large Berlin (Germany) concern, finds that the latter institution affords its members about 700 per cent more conservative treatment than the three Amsterdam foundations together, where from 2.27 to 5.77 per cent conservative treatment is the best result obtained, against 28.97 per cent in Berlin. Bruske's study of conditions and possibilities leads him, however, to the conclusion that the best way to a generalization of oral hygiene in Holland leads, nevertheless, through these mutual benevolent funds in conjunction with adequate dental prophylaxis and education in the schools.

In view of Bruske's findings, the action by the Council of the community of Dordrecht to discontinue the school dental service, and the protests and petitions for a reversal of this step by official dental associations and individual members of the profession appear even more justified than they are *prima facie*.

Ferguson's little picture book on oral hygiene for the children has been translated into the Dutch language and has found a very favorable reception with the profession in Holland.

In *Tijdschrift Voor Tandheelkunde* W. L. Van Andel, in outlining a practical plan for public dental service, comes to the conclusion that the "most economical" method is what he calls the American one, and which consists mainly in prophylaxis and oral hygiene. Restora-

tion of destroyed and diseased teeth ought to be based on a system resembling that of first aid in case of accident.

Norway

There are at present 598 dentists practicing in Norway, says *Den Norske Tandlaegeforenings Tidende*. This means an increase of 84 over the preceding year.

In the same issue of this journal the township of Hoyanger (1,500 inhabitants) offers a waiting room, an office, and a laboratory, with electric light and heating, to the dentist who would consent to examine the teeth of the school children and carry out the necessary treatment at the usual rates of payment. The service would extend over the whole community of Kyrkjebø, which embraces 2,500 inhabitants.

The school dentists of Kristiania have formed a School Dentists' Society, of which Dr. Johan Brun has been elected president. The recently elaborated revision of the plan of dental education in Norway provides for a chair for children's dentistry and prophylaxis.

In *Den Norske Tandlaegeforenings Tidende* Einar Hirsch gives the history of this society's endeavors which, after ten years of exchange of communications, opinions, proposals, etc., between the authorities and the dentists, have at last reached the stage of a definite plan of systematic organization of a dental service in the schools over the entire country. The measures finally agreed upon by both parties in October last are now waiting for one thing only: their being put into operation by the Government.



Mouth Hygiene

By N. TALLEY BALLOU, D. D. S., Richmond, Va.

A Model for Other States

I feel that the work in Virginia has been so successful and has been carried on with such remarkable economy that it should serve as a model for other states in their mouth hygiene work.—
Editor ORAL HYGIENE.



VIRGINIA may not claim the honor of being the first state to place a dentist on its board of health, and will have to rest content with second position; but the Virginia State Board of Health may justifiably assert that it was the first great agency of health conservation that devised plans for including dentistry in its general scheme of disease prevention and for utilizing that branch of medicine, not as a side line but as a definite and inseparable part of the whole.

The State Legislature has never made a separate appropriation for dental work. Funds for the operation of the mouth hygiene division have been segregated from the allotment for child hygiene. A natural consequence of this scheme of financing has been the restriction of dental work to children of immature years.

Whether such method is conducive to the best ultimate achievements is to be doubted; but during the initial stages it has offered certain advantages.

The West Law

Still it is a question if anyone could have accomplished such desirable results if the clinical dentistry, supported in part by the State Board of Health and heartily encouraged by it, had not begun with greater aspirations. The State's child welfare appropriation is made as a consequence of the West Law which contemplates the improvement of the physical condition of the child in the public schools; so necessarily the dental work to be done under that law had to be done with the class for whose benefit the law had been passed.

After a brief operation under that close restriction, the sphere was enlarged through the avail-

Virginia Plan

mond, Vector Mouth Hygiene, Virginia State Board of Health

ability of another fund, a joint sum given by State and nation for work in that broad field that is designated, "Infancy and Maternity".

No Coercion Used

As modern scientific investigation proceeds, preventive medicine profits by a constantly increasing total of more or less exact data. It is sometimes difficult for the health officer to deal patiently with popular ignorance or misinformation; but it has been the invariable policy of the Virginia health department to instruct rather than to coerce, to make the people see the wisdom of health regulations rather than to force obedience to rules that might seem strange or unnecessary.

A further policy has been to move slowly, not to attempt too many things in a new field.

The dental experiment proved to be no departure from the rule. In fact, it was not inaugurated as a side-line; it was not started with a thought of impermanence. Other ramifications of the State's health work had begun modestly and had grown. No line of work once started had been abandoned; and the dental bureau, launched after mature consideration, was planned as definite continuity.

Innovators not infrequently

wish to cover a too extended field. This criticism is peculiarly true of those innovators who most thoroughly believe in what they propose to do. Many suggestions were made for the wide development of the State's dental work. Some may in time be acceptable, some may never be accepted; but each suggestion received due consideration.

46 Dentists to 700,000

People

That there should be some form of public assistance for dental work was made manifest by a preliminary survey which disclosed that there were only about 350 white dentists practicing their profession in rural Virginia, that seventeen counties had no dentist, that sixteen counties had one each, that thirteen counties had but two each. The significance of these figures may be best understood through this statement: In the forty-six counties above noted, there were about 700,000 people, with forty-two dentists to meet their needs.

Virginia is a conservative commonwealth. Socialistic ideas are not generally popular here. State medicine, as it is called, is not an issue and never has been. Nevertheless, the State which spends so much to educate her children must inevitably take

into consideration obvious handicaps to education.

This consideration was the moving cause for the enactment of the West Law which undertakes to enforce health education and to provide for the physical inspection of school children; and when dental work was projected it was natural that it should be undertaken in connection with the operation of this law and be financed by the funds appropriated for child welfare.

Restricting the work at first to children of school age and later to such children with the addition of the still younger ones had had one distinct advantage. The public health dental work has the endorsement of virtually every dentist in the State. It had this endorsement from its incipency, when the outcome was impossible to foresee accurately; and the endorsement has been stronger as the work has proceeded. In fact, the attitude of the profession has been an unusual example of intelligent self-interest.

The average dentist is not over-anxious to treat children. They are usually annoying patients, and their parents do not consider their dental needs seriously. Therefore the practitioner has to take undue trouble without commensurate compensation.

Dentists Enthusiastic

Consequently, when the division of mouth hygiene was created and its activities restricted to the field of childhood, the

dentists generally were outspoken in its favor. The dental clinics have stimulated interest in dentistry. Parents, who had neglected their own teeth, noting the improvement of children when their dental defects had been corrected, were moved to give more attention to their own troubles. Far from decreasing the work of local dentists, the clinics have been adding to it.

Teacher is Inspector

Inspection of school children is not a medical examination. It is not projected to be, it cannot be. Sometimes the nurse, if there is a public health nurse in the neighborhood, helps with the inspection; but in most instances the teacher is the inspector.

The inspection is intended to disclose only obvious defects. Each child is weighed and measured in order to determine underweight or overweight or normality; its teeth are inspected for perceptible cavities or decay; vision and hearing are tested by standard methods.

A thorough medical examination would undoubtedly be more desirable but it is impracticable. There are not enough physicians available for the work and there are not funds appropriated or available. Still the inspection is extremely helpful in that it often discloses all faults demanding correction and rarely fails to disclose some of the faults that tend to retard the child.

Weight, teeth, vision, hearing. These are the fundamentals of child welfare investigation

and activity. The underweight child may be undernourished or may be badly nourished. Underweight is not always dependent upon faulty nourishment; it may, and frequently is, caused by failure to digest or assimilate properly the good food that is given. In seeking for the causes of undernourishment, the teeth can never be overlooked.

With the other phases of child inspection we are not here particularly concerned, and we may profitably disregard them for the present, so as to give our limited space to our own subject.

No Child Neglected

Our State clinic work is not exactly eleemosynary. Parents generally do not want "charity work" for their children. When the parents can afford to pay, they do pay; but no child is neglected because he can not contribute something for treatment.

Special Courses for Teachers

The law which provides for the physical inspection of school children also makes provision for requirements on the part of the teachers to the end that the inspection shall have a fair measure of real value. Each teacher is required to take a special course in school hygiene and physical inspection; and after September 1st of next year no applicant will receive a teacher's certificate unless he or she shall have completed satisfactorily such a course.

The Oral Hygienist Question

Emphasis is given to this subject because it was a determining factor in causing the division of mouth hygiene to reject one of the many suggestions offered for its consideration, this one was for the employment of one or more oral or dental hygienists. The arguments for the employment were numerous; but analysis failed to justify the laudatory promises, and there were one or two very positive objections.

15,000 Teacher-Inspectors

It was said that the oral hygienist would greatly increase interest in dental work. So far as Virginia is concerned, her services in that line are unnecessary, if not supererogatory. This State has approximately fifteen thousand grade school teachers, each of whom must make a personal inspection of the teeth of the children in her classroom, at least once a year.

She knows her work in its relation to health work generally. It was said at the time that, among the other things done by the oral hygienist, she would organize tooth brush drills letting the children use pencils instead of tooth brushes. If a teacher in one of the Virginia public schools should permit her pupils to do this, the health commissioner would not need to ask for the discharge of the offender, the district school superintendent would attend to the matter unasked.

Guarding Against Contagion

Each Virginia school teacher knows that diphtheria, scarlet fever, and the other non-spray borne diseases of the mouth and nose are conveyed through the transference of nose and throat secretions, and that among children one of the chief methods of transference is through the putting of germ-laden pencils into the mouth. Each Virginia schoolroom is required to post a placard containing two health rules, bearing upon the subject of spray-borne and non-spray-borne diseases. The second of these is: "Don't put into your mouth, fingers, pencils or anything else that does not belong there or use a common drinking cup".

The teacher of today knows, just as the modern dentist knows, how the communicable diseases are transferred, and she will not take chances with the health of her pupils. In our State, she cannot do so and hold her position.

We do not believe that the oral hygienist can teach the children anything about the care of the mouth that cannot be taught by the teacher who not only does the physical inspection work but teaches health subjects and organizes health leagues; and both in the classroom and in the league activities the care of the teeth takes a prominent place.

Medical Examinations

Further we believe that just

as a medical examination may be regarded in some cases as a necessary supplement to the physical inspection made by the teacher so may a dental examination be sometimes necessary; but when either of these is indicated, it stands to reason that the one to examine is one who is adequately qualified to do so—a physician for constitutional ailments, a dentist for troubles of the mouth and teeth.

Consequently we rejected the oral hygienist suggestion. Another proposal was carefully considered before it also was set aside. Although Virginia is, compared with other States, liberal for its dental work, funds are not plentiful; and this scarcity of cash led to the suggestion that a better showing might be made if the director would engage a number of part-time clinicians instead of full-time men or women.

If we had deemed it necessary, as it has seemed in other States particularly those which use oral hygienists, to make demonstrations for educational purposes, the employment of many part-time dentists might have been reasonable; but, here again, our teachers make all the demonstration needed and show beyond doubt the necessity for dental attention.

Our job is to correct the defects that the teachers find. There is no necessity for our making demonstrations. In one Virginia county last year there were at our clinics 4,347 dental operations on school children.

There are a hundred counties in this State.

60,000 Examined

During the three years the Mouth Hygiene Division has been in existence in Virginia approximately 60,000 children have received a careful mouth examination by our dental clinicians, all of whom are dentists, and over 26,000 of these have had their mouths made dentally fit in our school clinics. The total number of operations performed for these children including cleanings, fillings and extractions, has reached the enormous total of 100,000. More than 400,000 children have had their teeth inspected, and the greater number of these have heard instructive talks on the care of the teeth.

Aside from this record as an argument against the part-time dentists, an argument that could not have been used when the mouth hygiene division was created since there were then no data available, there is a policy of the Virginia health administration. Part-time medical men are never engaged for State work, and the employment of part-time men in the counties is discouraged. To have treated the dental work differently would have been either a confession of lack of confidence or an avowal that the undertaking was an experiment the value of which was merely incidental and could not be regarded as a definite part of the State's health program.

Neither of these being true,

there was no occasion for a departure from our fixed policy; and the outcome has amply justified the decision. The limits of our work are not determined by our will or wishes, they are determined by the amount of funds we have for the work.

Rendering A Complete Service

Another policy that was discussed and rejected was that we should do some work for a great number of children rather than to do all the work needed for a smaller number. We were convinced that the latter plan would prove the better. Contributing to this decision was the idea that dentistry had a place in the health program and was not a separate issue. Children definitely underweight, whose health habits were right and whose general condition seemed satisfactory, whose food appeared to be sufficient and of the right sort, might have bad teeth. It would not be a fair test of the value of dental correction, it would not serve to remove a possible cause for underweight if some operations were to be performed, and others were left undone. So we finish what we start, but we examine all children, give to each child a chart of his mouth showing every defect found; and we advise all those who cannot be treated at the clinic to go to private practitioners. Public health nurses, in reports to the child welfare bureau, show that this plan is practical. They report thousands of cases handled

by private practitioners in counties where we have held clinics. For example, in the county to which an allusion was made before, notwithstanding the 4,347 operations performed by our clinicians, 796 corrections were made by local dentists for children who were urged by the nurse to have their teeth treated. The word "corection" is taken from the form used by the nurses who employ it to describe treatments of all sorts in health work among the children.

Clinics Almost Self-Supporting

Although funds for anything like a satisfactory dental campaign are insufficient and unobtainable at present, Virginia is not illiberal towards this work.

Our clinics are almost self-supporting. The State maintains a full-time director for the division, with an office assistant. It guarantees the salaries of full-time clinicians for clinic work in the county schools. To the extent of \$500 it agrees with any county to defray half the losses of a clinic—that is, half of the difference between the total costs and the total contributions from the parents of the children. If the loss exceeds \$1,000 the county must pay all over \$500.

County Superintendents Approve

Rarely, if ever, is the maximum needed. The clinics are not held unless there is a local demand for them; and innumerable letters from county

superintendents testify to their value. When a dental clinic is held in one county, adjoining or even adjacent counties become interested. The teachers have already noted the defects and reported them to the parents and to the county nurse, where there is one. The division superintendents are anxious that the children's teeth be fixed, since bad teeth adversely affect school work. The nurse can be relied upon to do all within her power to make the clinic a success. Consequently, though the contribution of each child is kept down to an almost irreducible minimum, the clinics are able, through intelligent direction and proper organization, to function so economically that only in the poorest neighborhoods is there any material deficit to be absorbed by the State and county.

Clinic Results in Increased Practice

We have on file letters from dental practitioners testifying to the increase of dental patients as a result of clinics. We have on file still more letters from school superintendents testifying to the service rendered by the clinics to the children and the general interest in dental work caused by the clinics.

We are extending the work as rapidly as financial circumstances will warrant. We hope to make it a state-wide institution, functioning continuously; and we are confident that it will prove an increasingly popular

and beneficial part of the health work of the state.

The Virginia plan has received attention nationally. In the February, 1924, issue of ORAL HYGIENE, Dr. Rea Proctor McGee, the editor, comments most approvingly on the work in our State. Among other things he says:

"It is gratifying to know that the Chairman of the Executive Committee of the State Board of Health is a dentist. The dental section of the Board of Health is very active under the administration of Dr. N. Talley Ballou."

Virginia's Handicap

He speaks of the difficulties of Virginia which, owing to its comparatively limited manufacturing and its problem of the negro, must do more than some of the other states that have larger incomes; and he proceeds:

"A plan has been evolved which is working excellently in the rural districts, by which the mouths of the rural school children are kept in a healthy condition with comparatively little expense to the State.

"This has been encouraged by Dr. Ennion G. Williams, who is the State Commissioner of Health; and the dental societies of Virginia give Dr. Williams a great deal of credit for his hearty co-operation with them. The mouth hygiene work in Virginia is carried on simply as the dental phase of public health."

Dr. McGee notes the method of operating and financing the

county clinics, and he tells about the inspection made by the teachers and the requirements exacted of these teachers. He concludes with these significant words:

"A Model for Other States"

"I feel that the work in Virginia has been so successful and has been carried on with such remarkable economy that it should serve as a model for other states in their mouth hygiene work."

It is always pleasant to find one's efforts favorably received; and it is peculiarly gratifying when that approval comes from a source recognized generally as authoritative. So when Dr. McGee suggests our method as a model for other states it is a distinct tribute to Virginia.

38,000 Operations at Less than a Dollar Each

During the year 1923, thirty-five counties applied for clinics; twenty-three held clinics; three state institutions were cared for; 23,486 children were examined by our dentists, the full-time clinicians; 9,553 children were made dentally fit; 38,544 dental operations were performed—all of this at a cost of \$31,514.75; including overhead of \$6,120. During the coming year we anticipate an expenditure of \$50,520.

A Summary of the Plan

It may be interesting to summarize briefly the Virginia Mouth Hygiene plan; and for

a proper comprehension of that plan an outline of the State Board of Health will be helpful if not necessary.

(1) The Governor appoints the membership of the Board of Health and he also appoints the State Health Commissioner, who is not a member but is the executive officer of the Board and is actually in charge of the State's public health work. A study of the composition of the State Board of Health will show that it has usually, if not always, had on its membership several men who were specialists on phases of medicine. So, it was natural that a dentist should be included. Also naturally these specialists are primarily consulted in regard to the work that is distinctly in their lines of endeavor. In the elaboration of the dental plan the dental member is largely a determining factor.

300 Dentists for 1,750,000 People

(2) From its reorganization in 1908, the State Board of Health has consistently developed, adding types of work as their needs became manifest. The Great War was not an entirely unmixing curse. Its disclosures amazed even the experts. Physical examinations of men supposed to be in the very prime of their strength showed that a large percentage were unfit. The sum total of dental defects, for instance, was alarming. In a general way it had been realized that there was a shortage of dentists in Virginia

just as there was a shortage of physicians; but the examination records were so alarming that it was decided to make a survey to determine actual conditions. It was found that in Virginia, a preponderantly rural state, virtually half the dentists were in the cities, about three hundred white dentists for a rural population of 1,750,000, just forty-two dentists in forty-six counties with a total population of 1,750,000.

A Disquieting Showing

In the light of modern knowledge, this showing was most disquieting. With malnutrition partly chargeable to poor teeth, with many human ailments traceable to focal infection and with the mouth as the seat of a preponderance of these foci, it became obviously the duty of the State to awaken the people to their danger and to provide some way to help them. If there had been no West Law, it might have been desirable to use the oral hygienist for the former of these objects; but fortunately we had that law which places at our disposal the teachers in the public schools who, through their required course of instruction, are far better able to do the work intelligently from all the angles of health conservation and promotion.

(3) As this paper must have indicated, the dental work of the State Board of Health is, except for certain institutional care, confined to work in the counties. Several of the cities have dental clinics, but they are

locally supported. Not only is it the law, but the policy of the State Board of Health is to pay particular attention to rural needs. There is no shortage either of physicians or dentists in the cities; and where there is a sufficiency of professional ability it is never difficult to obtain voluntary assistance for clinical work. Other states have held industrial clinics, doing work in the big plants. Virginia may arrive at that point in the future; but there is, at present, no indication of that policy being adopted by the State.

(4) The Mouth Hygiene division of the State Board of Health was the outcome of the survey aforementioned. It started with one man and a part-time stenographer; it now consists of a full-time director; a D. D. S., a full-time secretary, ten full-time clinicians working with the children in the rural schools; a full-time clinician for the three tuberculosis sanatoria; and during the coming summer we expect to have five full-time clinicians for dental work in rural districts in connection with the infancy conference of the child welfare bureau.

Clinic Organization

(5) It may be interesting to get an idea of how our clinics are organized and conducted. Whether there is a health organization in the county or not, the start of the clinic is in the school room, when the teacher inspects the children. She makes her reports in triplicate. Each child takes home a card showing

what the teacher found—height and weight; with the standard weight for height; defects, if any, of teeth, of hearing, of vision. One report goes to the division superintendent of schools for transmission to the State Board of Health and the third is kept by the local school people. Each division superintendent knows that the State Board of Health will conduct a clinic if there is a demand and if funds are available; so it is frequently due to the superintendent that clinics are started. Sometimes the teachers start the idea, and sometimes the beginning is due to the local nurse; but it is the division superintendent who has to arrange for clinics to be held. In other words, no clinic can be started without the formal approval of the school authorities.

No mixed clinics are allowed, and white and colored clinics must be run separately. A colored clinician is attached to the staff for work in the colored schools.

How Teachers are Trained

Here it might be as well to say that the teachers have more than normal information concerning mouth examinations. The State Director of Mouth Hygiene lectures at all summer normals and at each of the other teacher-training institutions. So, while their inspection is naturally superficial as compared with that given by a dentist, when they report defects, defects are actually in evidence. Nevertheless, for the first two or three days of each clinic period, the time

of the clinician is devoted to examinations; and *he examines all children in all schools visited. Treatment, however, is confined to the children of the first six grades.* The seventh and eighth grade children get cards stating the defects found and stating that these should receive prompt attention by their family dentists. These cards carry charts of the teeth, showing in detail, tooth by tooth, what the defects are.

Refer to Family Dentist

The younger children get similar cards with charts, but on the back of their charts, the following is printed: "*You are urgently advised to take your child to your family dentist at once.*" If for any reason this is impossible, through an arrangement with the State and county, dental service is offered at your school at approximately one-third the usual cost, the State and county paying the remainder."

The object of this is two-fold. As a part of public health work, the correction of dental defects is too important to be neglected, but it would not be fair to the local dentists, if there be any, to let people think that the charges of the clinic are normal charges.

Clinicians' Reports Impresses Parents

The time spent on these examinations is time well spent. There is never any scarcity of work for the clinician, and the records of the nurses in counties where clinics have been held

show that the children of the higher grades have gone to their family dentists. The parents evidently did not take as seriously as they should the reports of the teachers, but when they were reinforced by the minute examination of the clinicians they sent their children to the dentists.

Where there is no local health organization, not even a nurse, the clinician works under some difficulties; but the teachers assume the responsibility for supplying the patients. Where there is a nurse, the patients have usually been secured ahead of the clinic.

If there is a principal's room at the school which is to have a clinic, that room is used for operations; if there is no such room, the chair is put into a corner of the classroom, and in a very short time the pupils become accustomed to it and go on with their studies just as if it were not there.

Where there is a full-time health unit in the county, the dental work is simply a phase of health work. The director of the unit takes care of the business details and assigns his staff to help the work while it is in progress. The local nurse usually takes the clinician to the schools, and while he is busy she circulates among the parents in the neighborhood explaining the importance of his work and urging the parents to send their children to the clinic.

Words of Praise

It is to be doubted whether any county that has had a clinic

can be found prejudiced against having another. To the contrary, from local dentists, from school superintendents, from health officers, from nurses and from teachers have come words of unqualified praise. The public generally is appreciative. As every dentist knows, there are isolated cases in any practice where unexpected trouble developed. Some of those cases may have occurred at the State clinics, doubtless they have occurred; but the very few cases seem to have been molehills rather than mountains, after examination.

(6) What is the future? That is always a pregnant question. Unfortunately it is, however, a question that is extremely difficult to answer. For the immediate future, the answer is simple. We shall endeavor to improve and ramify our service until we are able to answer affirmatively every demand that is made on us, until we can hold a clinic every year in every county that wants one and needs one.

Beyond that the future is difficult to foresee. During the coming years the supply of dentists in Virginia may grow or may diminish; the distribution may be more favorable to the rural sections or less favorable. These are subjects that cannot be foretold. Past experience would lead us to believe that the shortage will increase and that it will become increasingly stringent in the rural sections; and if this be true, our main energies will continue to be directed

countryward for many years to come.

No Longer an Experiment

But of the future of dental work as a phase of public health endeavor there is no question. It is no longer with us an experiment; it has passed beyond that stage; it is accepted. It could not well have been started without the hearty co-operation of the dental profession; but it is to be doubted even if that profession could now relegate it to an outside position. It is integral.

Public health work is helpful to the dental profession, just as it is helpful to the physicians, in this: the purpose of public health is to prevent disease, to keep people well. So, people are advised while well to see their physicians in order that they may be kept well, and to see their dentists for the like reason. In the purview of public health lies the thought of regular periodic examination for folks of all ages; and the dentist may not fear that he will be overlooked as a necessary part in the development of this program.

Information Regarding Dental Clinics

First. The county shall make application to the State Board of Health for a specified sum, not to exceed \$500 for any one year, with the understanding that an equal amount is to be appropriated by said county to be available when the clinic is started in the county.

Second. The county will conduct the clinic at a time specified by the Director of Mouth Hygiene, which time will be set as nearly as possi-

ble to suit the wishes of the county.

Third. The clinic will be conducted under the direction of the State Board of Health, and by the clinicians employed by it.

Fourth. The children are to contribute towards the cost of the clinic the sum of 50 cents for each separate operation, where they are able to pay.

Fifth. The work done by the clinicians shall be limited to school children under 13 years of age, or, at the discretion of the county authorities, to the pupils from the primary to the sixth grade, inclusive, in graded schools.

Sixth. The net cost, i. e., the difference between the fees collected and the total cost of the clinic, shall be paid equally by the State and county; provided, however, that the State's share must not exceed \$500.

Seventh. The chair used by the clinician is furnished by the State Board of Health at a monthly rental of \$3. This rental is to be paid by the county and not out of the joint fund.

Eighth. Engine and all necessary operating instruments are furnished by the clinician free of charge, with the understanding that any instruments broken are to be replaced by the county.

Ninth. All necessary materials are to be purchased by the clinician from a supply house designated by the State Board of Health, charged to the County Superintendent of Schools, and paid for out of the joint county and State fund.

Tenth. The transportation of the dentist into the county to report for work is chargeable to the joint county and State fund. All transportation within the county is to be paid for entirely by the county.

Eleventh. All bills for materials and the salary of the dentist must

be paid on the first day of each month, and report furnished the Director of Mouth Hygiene. Upon receipt and approval of this report reimbursement will be made.

Twelfth. The salary of the clinician runs from \$250 to \$300 per month. The average cost of materials for the entire clinic is about \$30 per month, making a total cost of approximately \$280 to \$330 per month.

Thirteenth. The average amount contributed by the children towards the cost of the clinic is from \$150 to \$175 per month.

Fourteenth. The clinician is not allowed to have any outside practice.

Fifteenth. The clinician must take care of board and all other personal expenses, outside of transportation, out of his salary, and no allowance will be made for any unauthorized expenditure.

Sixteenth. No allowance will be made out of the joint fund for the services of a nurse, or any assistant employed either by the clinician or by the county.

Seventeenth. The clinician in moving into the county is allowed his actual traveling expenses and one day's salary, but no allowance is made for board.

Eighteenth. All necessary blanks for examination, reports, etc., will be furnished by the State Board of Health.

Nineteenth. No mixed clinics are allowed, and white and colored clinics must be run separately. A colored clinician is attached to the staff for work in the colored schools.

Any additional information regarding these clinics can be secured from the Director of Mouth Hygiene, State Board of Health, Richmond, Va.





Diet and the Expectant Mother

As It Influences the Infant

By MOSES JOEL EISENBERG, D. M. D.,
Roxbury, Mass.

Fellow of the Harriet Newell Lowell Society for Dental Research of the Harvard University Dental School; Chief in Dental Orthopedics at Forsyth Dental Infirmary for Children, Boston, Mass.



WHENEVER I think of prenatal care and study I am always reminded of a little poem by Longfellow — "The Building of the Ship" —

Build me straight, O! worthy master,
Staunch and strong a goodly vessel,
That shall laugh at all disaster,
And with storm and whirlwind wrestle.

How true and modern that sounds! How really human a pleading voice calls to us, so that, with apologies we can say,

Build me straight, O! worthy master,
Staunch and straight a goodly being,
That shall live in healthy body
And be guided by sound reasoning.

And who is that worthy master to whom we direct our specifications? Truly not an imaginary being or spiritual brain child—it is ourselves—our own better selves, to whom we can always direct our requests for personal betterment.

Prenatal care is just that little bit of forethought that we supposedly possess due to our past experiences. It is the result of study, deductive comparison, and that creative gift that man calls instinct; all this is assembled and classified so as to enable us to apply our massed information scientifically.

Until very recently, little or nothing was known about the real advantages of prenatal care and its influences on the development of the infant either immediate or in later years. It seems rather strange that the old saying, "as ye sow so shall ye reap," would not have applied itself to the study earlier, for truly, if the seeds of health and vigor, robustness and resistance to disease are sown, then shall the fruit of health and intelligence be reaped and the body be worthy of the name, God's Temple on Earth.

How the Dentist Can Help

There seems to be a general tendency to shirk this responsi-

bility among our professional brothers. Practical applications of the known facts in medicine and dentistry would help about 10 per cent of the cases a year, at least. Is it not worth while to feel that through the concerted action of a profession, 10 per cent of all the births will be of a better stamina, a better body resistance—a better mental attitude and also a better basic foundation for a new generation?

Therefore our appeal and effort should be to the prospective mother who should be acquainted with the facts that before birth the demand of the child is entirely satisfied through the mother and for several months after, while it is breast-fed. If the child is to begin life with a good start it must do so from the very hour of conception and thus the education of the prospective mother cannot be neglected, nor begin too soon to the end that she undertake her duty wisely.

Weakening of Bony Structure

Too often during pregnancy and lactation there is a weakening of the bones and teeth of the mother, due undoubtedly to the fact that there is a greater demand for minerals and vitamins than there is supplied through the diet. The demand is made by the growth and development of the baby, and the withdrawal of these necessities from the blood stream weakens the bony structure of the mother.

A diet that will include the salient necessities is greatly to be desired and must consist of daily liberal amounts of sweet milk (at least a quart), eggs, cooked cereals, easily digested fruits, either fresh, dried or stewed, plenty of fresh vegetables, and especially fresh greens such as spinach, beet leaves, peas, string-beans, lettuce, celery, cabbage, onions, cauliflower, etc., butter or olives, peanut butter (small quantity) and at least six glasses of water a day in order that the proper kidney function be maintained. Meat should be eaten sparsely, not more than once a day.

Elements Urgently Needed

The various elements that are supplied are as follows: calcium (lime), phosphorous, iron and the food accessory factors called vitamins, which are found in abundance in the greens and the fresh milk. These are urgently needed to form the bones, teeth and tissues of the body.

Stimulants of all kinds should be avoided. Also over-feeding should be scorned, as it is dangerous because it upsets the digestion and tends to invite constipation with its resulting complications. Let it always be remembered that proper elimination is as important as a correct diet and that a laxative diet is always to be desired in early pregnancy. Stewed fruits, plain salads, coarse bread and cereals, bran eaten raw with cream and in bread is also helpful—avoid so-called “regulating pills” and mixtures.

Prenatal Mouth Hygiene

Then the question of mouth hygiene—this can never adequately be carried on alone by the prospective mother; she should visit her dentist at least once a month to insure a good prophylactic condition. In cases where the saliva is very viscid, reduction is indicated and the following wash is highly recommended:

Rx Acidi Acetici (5% dñi
 Agua Rosae O Z vi
 Tr. Cudbear Q. S.

Misc. Sig: dñi in $\frac{1}{2}$ glass cold water as a mouth wash the last thing before going to bed.

Instruct the prospective mother to go to bed with the taste of the wash in her mouth; this will reduce the viscosity and prevent decalcification from the outside along the cervical margins of the teeth.

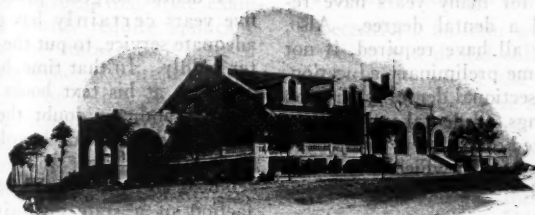
Tooth-brushing should be carefully followed up using a medium bristle mounted on a small curved handle with the

forward bristles shorter than the bristles near the handle, so as to allow of entrance in the buccal region of the second and third molars.

This brush used with cold water and a mild, slightly acid-reacting tooth paste, will, with the following technique, assist greatly in maintaining asepsis and tonus of the tissues:

The brush should be drawn over the surfaces of the teeth from the gum lines down towards the incisal or morsel surfaces with a rotary motion. This same motion carried along over all surfaces will reduce formation of cervical tartar and serumal deposits. This has been found to be the most satisfactory method.

This care and the application of principles long known to us are the only means of helping reduce prenatal impresses of an unpleasant nature so far as the dental influence is concerned.



Dallas Country Club.

The Interstate License De

By HERMAN J. KEYS D. S.



APROPOS of the forthcoming meeting of the American Dental Association at Dallas, Texas, it is apt to reopen the discussion of the interchange of dental licenses.

By interchange, is meant that a dental surgeon licensed to practice in one of the states in these United States, shall have the privilege of applying for a license in another state, and to receive such upon application, by presenting his or her state board diploma and the diploma attending the dental degree, plus the state fees.

Uniformity of State Board Examinations

The various state board examinations for many years have been almost uniform. Most states for many years have required a dental degree. Also, nearly all have required, if not all, some preliminary education.

At sectional dental association meetings, all dental surgeons are accepted on a parity, irrespective of the state in which they are licensed.

Federal Equality of Licenses

Further, at the A. D. A. meeting, the federal equality of

dental licenses is admitted, *ipso facto*, or otherwise the delegates of the various states represented would not be truly representative, but merely accepted to avoid conflict. Again, a large number of practicing dental surgeons have not had the full four-year preliminary requirement, and possibly an even greater number have had a dental college course of only three years' duration. Nevertheless these dental surgeons are admitted to their local and state societies, and thereby obtain membership in the A. D. A.

Where is the Difference?

Now, wherein does the difference lie, or differences, which should preclude a practitioner from being licensed in any state upon application, without examination?

A dental surgeon practicing five years certainly has given adequate service, to put the matter mildly. In that time, he has not kept at his text books constantly, and, no doubt the minutiae of dental state board subjects are too great to be reassembled mentally, to the satisfaction of a state examining board.

Then, the practical work at his office, if in active dental prac-

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EYS D. S., Philadelphia, Pa.

rice, should be also *ipso facto* a guarantee that he can do operative dentistry satisfactorily. Insofar as crown and bridge and denture service are concerned, a greater number of practitioners send out such work to the laboratories or have a dental mechanic employed in the office.

If the practitioner has given evidence before a state board of examiners in his original application to be licensed, certainly the other state board examiners should accept such as satisfactory to them.

And, in passing, do not our state board examiners receive election and recommendation to the governors of the various states, by members of state societies, and so the approval indirectly of the A. D. A.?

So, again, wherein lies the difference of inequality of state board licenses, that state examining boards require applicants from other states even if licensed, to take either a written or practical test or both? Again, some boards require a full four-year preliminary requirement and a full four-year dental course.

These may preclude an applicant worthy of a license from seeking it.

Time was when most dental professors and instructors were

products of but a three-year preliminary and three-year college course, and some a two-year college course.

The Old Order

These gentlemen gave dentistry a sure foundation, and accelerated its importance and service to mankind. And there are probably quite a number of the old order with us still.

Would the state boards bar such an applicant from securing a license, without examination? I wonder! Now a large number of practitioners are products of that old series of requirements.

Are they to be told that graduate study is denied them, or that their dental degree is not equal to that of the four-year preliminary and four-year requirement?

A Dental College Bulletin

Recently, a bulletin was sent to me from a dental college in which graduates of the three-year dental course were advised that before an advanced dental degree could be obtained, or graduate work pursued, the extra year equalling the four-year dental course would have to be satisfied first by extra work. Now that is unfair, for I hold that those of us who had a three-

year dental course are no less trained in all branches than our brethren who had four years at dental college.

Besides, the three-year college men have provided the new data from their practice, for any added courses, and we shall see that it is to such practitioners that dentistry today owes its high estimate in the public mind.

Why Quibble?

So, again, why quibble on preliminary and length of the college course? Are we to understand that the A. D. A. gives approval to casting a shadow on the lesser preliminary education and college course degree? Or will this matter be adjusted in convention by the A. D. A. so that this generation of dental surgeons will not receive any discourtesies and their services be minimized?

What are the Barriers?

Just what are the barriers to an interchange or exchange of dental licenses, without examination? Is the matter of state law the big barrier?

Surely that can be adjusted, since generally the dental laws of the states are suggested and amended by action of the state society through its representatives elected and appointed so to act.

The A. D. A. can, by resolution and enactment, secure amendments to state laws to permit interchange. This is axio-

matic. And, is state law above federal law?

One does not like to bring up the question of states' rights, but it will bob up.

A Little History

Again, the federal government showed conclusively during the World War that its dental officers could practice in any state in the Union, and they did, and upon men and women who came from every corner of the republic.

And the service of the Dental Corps in every branch of the service has been praised highly not by dental societies only but by civilian and literary organizations who best know when service has been rendered efficiently. We understood that ex-service men were to be given an opportunity to continue to practice in any state, and that a license would be given them so to do.

Nothing has been done in this respect. Is state law then a barrier or will the A. D. A. go on record as passing over the service of its members who gave their all in the emergency?

Where are Those Who Cheered?

Let us not mince matters. It is a fair question. Where are those who cheered our departure in 1917? Are ex-service dental surgeons to be the also-ran, forgotten? Yet they practiced in every state in the Union, and some in a dozen states, holding a license in but one. The federal law was supreme and should al-

ways be such. I do not believe any were arrested for practicing in a state without a license.

Come on, fellow members of the A. D. A.,—let's get on the band wagon and give these men what it was rumored they would receive.

Is This the Fear?

Is it feared that dental surgeons, should interchange become law, would roam through the states or infest the large cities, or flock to new land developments, or select a nice place to practice in their advanced age, such as Florida in the Winter and California for all year round? We are still freemen, and have the liberty of our actions guaranteed to us by the Constitution—where we do not trespass on the law.

There is not any monopoly over our actions as yet, except our ethical standard, which not so long ago was revised by the A. D. A. and which all good men and fair will follow.

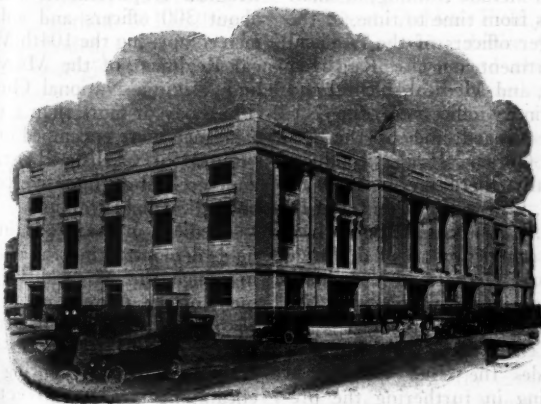
Certainly we in Pennsylvania will not admit that any state examining board excels ours in any respect, or ever has.

That dental surgeon passed by our board could pass any, at the time he took his examination before our board.

The quality of the examinations being the same, interchange possible, dental surgeons should not fear competition.

In fact, competition is "the life of trade," and would lead to even better dentistry.

Our M. D. brethren have such interchange of licenses;—how much better are we than they?



Union Terminal Station, Dallas.



Medical Maneuvers at Carlisle

Care of Wounded Under Simulated Battle Conditions



CARLISLE Barracks Pennsylvania, the home of the Medical Field Service School, and the First Medical Regiment, Regular Army, is the largest medical training center of the Army. It has a permanent personnel of twenty-three officers and four hundred and seventy-five enlisted men of the Medical Department. Lieutenant-Colonel Charles R. Reynolds, Medical Corps, U. S. Army, is the Commandant.

The functions of this military station include training, in small classes from time to time, of the younger officers of the Medical Department of the Regular Army, and Medical, Dental and Veterinary officers of the National Guard and of the Reserve Corps. It also conducts annually the large medical R. O. T. C. training camp, the R. O. T. C. students being derived from practically all of the large Medical, Dental and Veterinary Colleges located east of the Mississippi. The medical training Center at Carlisle Barracks provides the chief element of training in furthering the preparedness plans of the Surgeon

General of the Army for field service—the latest methods of collecting, transporting, handling and hospitalizing the sick and wounded under simulated battle conditions receiving the most careful consideration and study.

The regular post at Carlisle during July was the site of the largest medical training camp held since the World War, the regular garrison having been augmented by the arrival of more than 400 Medical Department R. O. T. C. students, 300 Reserve Corps officers of the Medical Department, and by about 300 officers and enlisted men comprising the 104th Medical Regiment of the Maryland and Virginia National Guards. This body of more than a thousand men were encamped on the grounds of Carlisle Barracks and received an intensive course in medical field training.

Medical maneuvers in the field, demonstrating the manner in which the Medical Department of the Army aims to care for the nation's wounded in future wars, formed the basis of training at Carlisle during that encampment. The collection, transportation and hospitaliza-

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tion of simulated sick and wounded by the units of the Medical Department were performed in a realistic manner. Major General Merritte W. Ireland, the Surgeon General of the Army, with members of his staff, witnessed a large maneuver in which the medical service of a Division in action was the problem presented. Approximately 1200 individuals of the Medical Department participated in the maneuver, extending on a line of about six miles in length. All of the stations for wounded utilized under actual battle conditions were established, i. e., Battalion and Regimental Aid Stations, Collecting Stations, Ambulance Stations, and Hospital Stations. All these units were manned by members of the student body comprising the R. O. T. C. camp, aided by the 104th Medical Regiment, N. G. The Reserve officers in camp were conducted over the entire route of evacuation for the purpose of observing the Army's methods of handling sick and wounded, and at each "station" were given a brief talk on its layout and function by the officer in charge. The simulated wounded were provided from among the R. O. T. C. students and practically all classes of "wounds" of the body were given treatment on the field, in order to make the scene realistic and to provide the practical instruction.

This Medical Department maneuver was one of the most extensive the country has ever witnessed, with two Medical

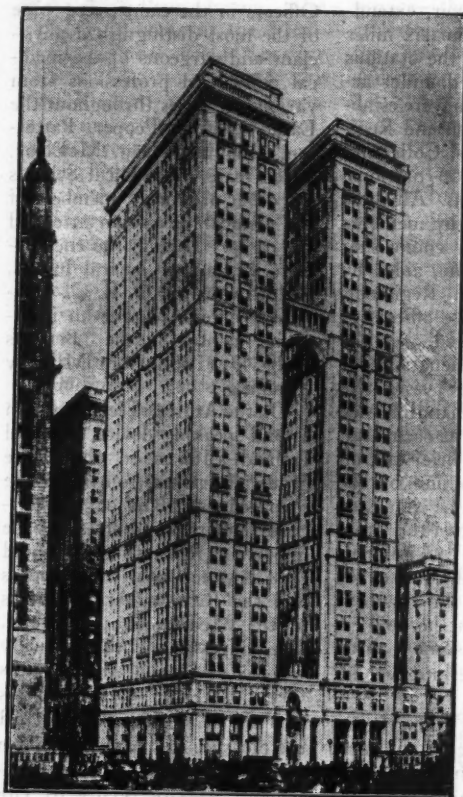
Regiments participating, it embraced the largest number of Medical Department personnel ever assembled at any one time during peace. The maneuver was extremely satisfactory and upon its conclusion General Ireland complimented the Commandant of the School and the members of his faculty upon the efficient manner in which the training was being conducted.

Among the Medical Reserve Officers in the camp were some of the most distinguished physicians and surgeons of the medical and allied professions from various localities throughout the East. Doctors Pepper, Patterson, Huggins, Gegg, McElroy, Lyle Deans of Medical Schools and other prominent members of the medical profession attended the camp. During the encampment Brigadier General Joel E. Goldthwait, M. O. R. C., Harvard University, gave an interesting lecture on the "Benefits to be Derived from Military Training".

On the Athletic Field, through a loud speaking device, General Ireland addressed the entire group of trainees, outlining the preparedness plans of the Surgeon General, and stressing the important relations that should exist between civil practitioners and the Regular Army officers of the Medical Department. The address was enthusiastically received. During his remarks General Ireland stated that this was the first time he had had the pleasure of addressing in one assembly all of the various components of the Army of the

United States, i. e., members of the Regular Army, the National Guard, the Reserve Corps, and the students of the R. O. T. C. units. Following his address General Ireland witnessed a re-

view of the entire command, given in his honor, which was successfully carried out in the presence of several thousand visitors from neighboring cities of Pennsylvania and adjacent states.



An office building in Dallas; this doesn't look like a frontier town!



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New York Faculty-Member Praises Kells Article

Editor ORAL HYGIENE:

THE following is a duplicate of my letter sent to Dr. Kells, in reply to his article in the July issue of ORAL HYGIENE. I have advised Dr. Kells that I am sending you a copy for publication.

Very truly yours,

E. ALAN LIEBAN, D. D. S.

Dr. C. Edmund Kells,
New Orleans, La.

Dear Doctor:

I have read with a great deal of interest your article entitled "Root Canal Specialists" in the July issue of ORAL HYGIENE, and I cannot refrain from expressing my personal appreciation of your message.

We unfortunately have in the profession the type of man who pays no attention to scientific data, who does things in the same obsolete way and considers dentistry only in the sphere of mechanics. There is no doubt that this branch of dentistry is the most important of all, as its relationship has a direct bearing on the health of the individual. The probable cause of failure may be due to improper training combined with the elements of time and care consumed in treating these types of teeth. Then, again, the market is flooded with bogus preparations for hasty treatments and cures, and the busy practitioner, in his endeavor to accomplish this work in a limited space of time, relies upon these preparations, ignorant of their constituents, and the result spells failure.

I want to acquaint you with the fact that the New York College of Dentistry has gone a step farther, and has established a separate department of root therapy.

The students are given a thorough course of lectures and clinical training in diagnosis, including radiographic interpretations, urinoscopy, blood pressure and blood examinations, the technic of root canal therapy including the application of electrolytic medication and bacteriological examinations. All cases are radiographed prior to treatment; secondly, with diagnostic wires in position; and thirdly, when the canal is filled. The treatments in all cases are recorded and the patient is notified when to call. Subsequent radiographic and clinical examinations are made to check up the results of the work. Instead of quantity, more stress is laid upon quality of service, so that when the student is prepared to enter his chosen field, he will be better equipped to treat these cases than heretofore.

Regarding your plea for specialization, I am heartily in accord with the idea (which, by the way, has been a long-cherished wish of our worthy friend, Dr. M. L. Rhein). The time is not far distant when the profession at large will awaken to the importance of this work as a specialty, and then we may gain more respect from our medical confrères, who will not exercise their prerogative and say when we shall and shall not treat pulpless teeth.

There are today any number of conscientious men who feel that they are not sufficiently competent to handle these teeth, who would gladly welcome the idea. We have a few men who specialize in root

canal therapy. One must not only be thoroughly conversant with dental histology and pathology, but must be temperamentally inclined, so to speak. It is exacting work that requires special skill and an extreme delicacy of touch; last but not least, it is very trying on the nerves and eyes.

The question of fees is another point you touch upon. A man devoting his entire time to this work could not possibly endure from eight to nine hours daily for any length of time, owing to the terrific strain; therefore, in all fairness to himself, he is obliged to charge fees com-

mensurate with the time that it is humanly possible for him to work.

The science of dentistry, like the science of medicine, is in its infancy. It can reasonably be expected that an adequate service will be forthcoming only when the profession at large will appreciate the importance of this branch of dentistry.

Very truly yours,

E. ALAN LIEBAN, D. D. S.,
Director, Department of Root
Therapy, New York College
of Dentistry.

New York, N. Y.



Scottish Rite Cathedral, Dallas.



A Chicagoan Discusses Longer Course

ORAL HYGIENE'S Editor Gets Both
Praise and Abuse

Dear Doctor McGee:

IT IS encouraging to see a man of your standing in the profession taking such a sane position on the proposed lengthening of the dental curriculum. With what nonchalance the old-timers, who attended dental school a year or two, talk of adding another year or two to a course already laboriously overburdened with essentials. Robbing a young man in the twenties of a year of his life is akin to crime.

Our professional schools have taken on the appearance of sweatshops (although the latter are gradually fading out of existence in the industrial world due to the enlightenment of employers) in the eyes of students. Few students welcome each coming day with joy, as men should at their age—as another day of glory, of triumph, of the discovery of new truths; most students actually dread the coming of each school day, curse the dental course, the faculty and most things in general. A medical or dental course nowadays is a nightmare to most—the good students as well as the poor.

A four-year course, with hours from 8 a. m. to 5 or 6 p. m., then three or four hours of study at home, and this at a time of life when every fibre quivers with new sensations, new impulses, high ideals, is already too long and dreary. What great thoughts and impulses never see the light of day because they are submerged by the gloom of academic halls!

The Result

And let us look at the result of subjecting men in their twenties (the average age of students) to the rigid rules of conduct demanded by our academicians. No student has a right to question the wisdom or course of conduct of any faculty member. Men in college are taught as strictly as kindergarten children. The result is a loss of individuality which is fatal to the profession, fatal to the public, and, what is more often overlooked, fatal to the student, who is, after all, the most important of the three.

An Unfair Proposition

I am not writing this because of the supposed lack, in this country, of sufficient dentists to

supply the demand, but because of the unfairness of the proposition to lengthen a course which should really be shortened, or made more humane. Other professions, equally important socially and economically and, perhaps as hard if not harder to master, demand less of the student. The student of law, or architecture, or engineering, has more leisure for recreation and general culture; and I am sure I am not the only one to doubt the cultural benefits to be derived from many of the courses included in the dental curriculum, which are only thrown in as a good measure to take up more time.

On the other hand, I should like to inform you of several pertinent facts relating to the supposed shortage of dentists. Let me allay your fears. There is no shortage. Nor is there any possibility of a shortage in the future.

Profession Overcrowded

Our cities are overcrowded with professional men, and many dentists practising five years or more are not capable of supporting their families as decent American citizens should. You might say there are many country towns and villages for the excess to go. There may be no dentists in the Everglades of Florida. But how about the need for dentistry in the Everglades? How many farmers have their teeth fixed? How many farming communities can support a dentist, and are without one? Some places in the

South have one dentist to about 4000 population. I doubt if those communities can support one dentist—the one already there. In some sections of the country, and I know, because some of my intimate friends practise in such places, the dentist cannot collect his fees until the harvest is sold—the curse of practising in a poor community.

Who is to be the Martyr?

How about the dentists practising in the slums of our large cities, working fourteen hours a day to make both ends meet? Surely someone has to do that work. But who is to be the martyr?

Again, how can we expect a man who has acquired the culture, refinement, education, demanded of the present-day dentist, in most cases city-bred, to go out to some backward community and vegetate there the rest of his life? Why do not the men coming from the villages and hamlets return to them to practise? The reason is evident. Only a pioneer, tinged with the germ of insanity would undertake to leave his relations, his friends and home to seek a new place of practise, in a strange community, where, in order to succeed, he must be of the same religious principles as most of the community; come down to their standard of living, and, more important, come down to their standard of thinking.

Before editorializing, editors should scan the horizon thoroughly. Thousands of dentists would be willing to leave every-

thing that makes life worthwhile, their old associates, friends, relations, would be willing to undergo countless other inconveniences and hardships if they could be sure of improving their financial standing, be sure of escaping the inclemencies of financial pressure.

Poorer Students Make Good

Out of a large class that graduated with me, those few of us who are successful financially have made it in most cases, in some other field, or were not of the needy while at school as students. In the majority of cases, the men who have made good financially were the poorer students, and are now the poor dentists (so far as their professional ability goes) but they have had enough sense to go to church often, or become lodge-members or hand-shakers. This kind of practitioner makes out famously, regardless of his ability. The good dentist is too honest, too independent, too modest, to stoop to this form of hypocrisy.

I have no constructive criticism to make. Each man must live his own life. The experiences of others do us little good. I happened not to be one of the needy; yet I cannot forget the heartbreaking days of waiting around the office for something to happen. You may say we youngsters are too impatient; but notes on the outfit have to be paid, and rent and lights; and the people that have made loans to the student expect some day

to be paid. Some boys borrow money at exorbitant rates of interest; they commence borrowing in their freshman year.

The sons of the rich, as a rule, are too clever to invest four or five years of life, and approximately eight to ten thousand dollars, to study a profession, which in a good proportion of cases, will not yield a decent living. The poor boy lacks sense of value; he places education above his health, above the welfare of his family that may be in need of his financial support. Our medical and dental schools are not filled with rich men's sons.

Plain, Unadulterated Bunkum

I am not mentioning the redeeming features of helping humanity, and a lot of other things which an old practitioner might cull to inveigle the uninitiated. A good many of the good things said in defense of studying our profession is plain, unadulterated bunkum.

In the name of humanity (the phrase sounds hackneyed and unromantic from too-frequent use) spare the poor man's son, who has sufficient burdens to carry. Ten thousand dollars, plus four years of hard work, will bring greater returns, less responsibility, more leisure and more real culture. This from one who loves dentistry ardently; from one who would do it all over again if necessary.

Editorializing about the need for more dentists is malicious

nonsense; as grave an offense as the advertising of the correspondence schools that start with:

"Wifey, dear, another raise of twenty dollars."

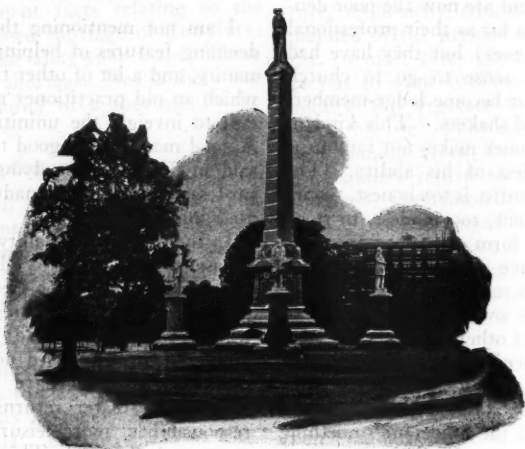
As for our different State Board Examiners, they are in a class with the sluggers hired by unscrupulous unions. When it is known without doubt that the different Boards are "out to get you if you come from some other State," it is about time the

American Dental Association tried to improve such an outrageous evil; failing in this, the Association is on the defensive in proving the necessity for its existence.

I hope the above is in line with some of your contributions and is not in violation of the general tenor of your periodical.

With best wishes,

Respectfully yours,
HENRY A. STURMAN, D. D. S.
Chicago, Ill.



City Park, Dallas, Texas.

Editorials

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Which Half?



SECRETARY Weeks says Government statistics show that one-half of the people of the United States are sub-normal.

If this is true, and I believe it is, two great questions arise:

First—To which half do you and I belong and

Second—What are we going to do about it?

It is of prime importance that each of us look into our physical and mental condition with whatever professional assistance is necessary and determine definitely whether we are an asset or a liability to our country and our race.

If more than fifty per cent of us become sub-normal that means that as a dominant race we are traveling toward the setting sun. Someone else will take our place in the world's affairs and we will go the way

of the Egyptians, the Hellenes, the Romans, the Assyrians, the Carthaginians and all of the famous peoples of antiquity. We stand at the forks in the road of Time.

What are we going to do about it?

As dentists we have a great deal to do about it. No race can rise in the scale with decayed teeth and infected mouths. When we preach oral hygiene, we are not merely stirring around a bit in our neighborhood—we are doing our part to turn the tide of decadence. We are building bodies and minds for the future of mankind.

The work of the forward-looking dentist is not the only important effort to be made but it is certainly one of the most important fields for the benefit both of ourselves and those who must follow us as the Americans of the future.

Decadence of our race means eventual subjugation by a stronger people—not necessarily through wars but through every avenue of civilized competition.

Oral hygiene is a serious business. Either we must now and forever improve ourselves and our descendants or we must make up our minds to become interesting archeological specimens for some more enterprising and healthful people who may dig down through the accumulated dust of the future and collect our toothless skulls for exhibition in their museums.

Dallas

NOVEMBER in Texas is like springtime on the Riveira.

The week of the tenth of November should see in Dallas every member of the American Dental Association who is not bed-ridden. If you can't be moved, don't go. Otherwise come along and see just what kind of an organization you belong to.

In Pittsburgh last month thirty thousand colored people attended a lodge convention. Who invented conventions anyway?

Whoever it was had an eye toward progress.

Progress is a thing that cannot be delayed. If you delay progress it disappears like an iceberg in the Gulf Stream.

Help the progress of your own profession by coming to Dallas and do your part to uplift humanity and to increase your own usefulness.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

HE: "Why won't you kiss me, dear?"

SHE: "Because your wife has tonsillitis."

◆ ◆ ◆

KITTY: "What's a synonym?"

RHODA: "It's one word that means the same as another."

KITTY: "You're crazy."

RHODA: "Why?"

KITTY: "Its stuff they put on a bun."

◆ ◆ ◆

CHAN: "What kind of lip sticks does Kitty use?"

JACK: "Don't know. Never tasted them."

◆ ◆ ◆

MOTORIST: "Give me one gallon o' gas."

GAS TENDER: "Watcha doin', weanin' her, Mister?"

◆ ◆ ◆

DENTIST: "Who is the responsible man in this depot?"

BOY: "I don't know who the responsible party is, but I am the one who always gets the blame."

◆ ◆ ◆

"Roy, is there anything in life but love?"

"Nothing, Viola darling. Will dinner be ready soon?"

◆ ◆ ◆

JUDGE: "What's your name?"

PRISONER: "Smith."

JUDGE: "What were you doing in that house?"

PRISONER: "I was making a bolt for the door."

JUDGE (to officer): "Locksmith up."

DR. MOLAR: "The last girl I had was worth twice as much as you."

ASSISTANT (timidly): "Please sir, did she get it?"

◆ ◆ ◆

MOTHER: "There were two apples in the cupboard this morning; now there's only one. How do you account for that?"

FREDDIE: "It was dark in the cupboard, and I didn't notice the other one."

◆ ◆ ◆

MARGARET: "I peeked in the window last night when Marian and Mr. Staylate were in the parlor."

HELEN: "What did you find out?"
"The light."

◆ ◆ ◆

SALESMAN (to Newlyweds who are furnishing the nest): "I suppose you wish to purchase twin beds?"

MR. NEWLYWED: "Er—isn't that rather a—er—large estimate?"

◆ ◆ ◆

A young lady was being interviewed.

"Do co-eds kiss?" she was asked.

"You'd be surprised," she remarked coyly, "how much goes on right under my nose."

◆ ◆ ◆

Dr. Vincent—"What did your wife have to say when you came in at four this morning?"

Dr. Angina—"Didn't have a word to say."

Dr. Vincent—"Smatter, tongue-tied?"

Dr. Angina—"No, I put cement in her beauty clay."